ISSUE SLIP STAPLE-AREA (for additional cross references) DATE ID NO. POSITION **INITIALS FEE DETERMINATION** O.I.P.E. CLASSIFIER **FORMALITY REVIEW INDEX OF CLAIMS** Non-elected RejectedAllowedInterference (Through numeral) Canceled Appeal O Objected Restricted Claim Date Date Claim Claim Date Original Final Original Final V If more than 150 claims or 10 actions staple additional sheet here

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